

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000001538

1. Entity Name
PI NU INCORPORATED



Principal Place of Business
PO BOX 570507
MIAMI, FL 33157-0507

Mailing Address
PO BOX 570507
MIAMI, FL 33157-0507



03062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0902300
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HANKERSON, CHARLES
16325 SW 89TH COURT
MIAMI, FL 33157

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U00000340709
04/28/05-80125-019 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, ROBERT B 25837 SW 132ND CT MIAMI, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, ROOSEVELT 11300 SW 131 AVE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARPENTER, WILLIE 10965 S.W. 175TH ST. MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWRENCE, CURTIS 17451 SW 109TH AVE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENNIS, MELVIN C 16810 SW 108TH CT. MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HANKERSON, CHARLES 16325 SW 89TH CT. MIAMI, FL 33157

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Charles Hankerson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/05
Date

Daytime Phone #